



PROTECTING THE PUBLIC AND GUIDING THE PROFESSION



ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

ANNUAL REPORT 1995

Protecting
THE
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AND
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Profession

MAY 23 1996

ANNUAL REPORT 1995

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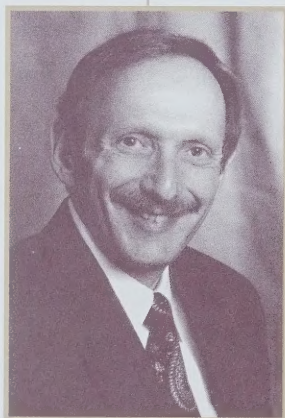
President's Message

On some very real levels, this year marked a milestone in the history of the Royal College of Dental Surgeons of Ontario. Not only were we able to substantially complete the development of core regulations required by the Regulated Health Professions Act, 1991, but we also introduced several new initiatives.

In my view, these initiatives go a long way towards fulfilling the major objectives of the RHPA, which are to allow greater public involvement in health care matters, to increase accountability of health professionals and to ensure their continuing competence. As President of the College, it is my pleasure to share with you some of our more notable successes and accomplishments for 1995.

The Year of Implementation

If 1994 was the year of introduction of the many regulatory changes brought about by the RHPA, then 1995 was certainly the year of implementation. Although only two new regulations were approved by Council during the year, no less than ten new or revised Guidelines were issued. Admittedly, many dentists feel more over-regulated than ever before. However, the vast majority of the new regulations introduced this year and last should serve the objectives of the College well into the future without the need for annual updates or amendments. Many of the Guidelines, such as the Guidelines for Dental Recordkeeping and the Guidelines Respecting Advertising, were prepared for the express purpose of guiding the profession in the interpretation of the respective parent regulation.



Quality Assurance Program

One of the key initiatives of 1995 was the development of a strong working framework for the College's "Quality Assurance Program". Under the RHPA, the Quality Assurance Committee was established in 1994 to develop ways to ensure that all mem-

bers of the dental profession remain competent, and that their knowledge and skills remain current throughout their professional careers. To fulfill this mandate, the new Quality Assurance Program has three main components:

- **Development of Practice Guidelines and Standards of Care:** In addition to the development of standard guidelines, which has been the practice of Council for many years, this facet of the Quality Assurance Program is also responsible for developing clinical guidelines / standards of clinical practice: During 1995, Council approved six new guideline documents: Conflict of Interest, Educational Requirements and Professional Responsibilities for Implant Dentistry, Dental Recordkeeping, Release and Transfer of Patient Records, Change of Practice Ownership, Diagnosis and Management of Temporomandibular Disorders.
- **Mandatory Continuing Dental Education:** Instituted in September 1993, this facet of the Quality Assurance Program

has enjoyed considerable success. Data from the first two years of the program has shown that more than forty percent of dentists have already obtained their three-year requirement of ninety points.

- **Quality Assessment:** This final component of the Quality Assurance Program has, as its initial purpose, a broad-based screening assessment of dental practices. Further details about this program can be found in this Annual Report. It is important to point out that Quality Assessment, along with the rest of the Quality Assurance Program, is meant to be non-punitive in nature and is not connected in any way with the complaints or disciplinary processes. Unless there is a total lack of cooperation by members or evidence exists that patients are at risk, all information received, other than general statistics, will be kept within the Quality Assurance Program process.

Strategic Planning Retreat

For the first time in the College's history, Council members and the Executive Staff participated in a Strategic Planning Retreat. The retreat, which was held in February, 1995, provided an unprecedented opportunity for the participants to come together, find common ground, and get to know each other more effectively than could ever be accomplished with formal Council and Committee meetings. We expect the team building that resulted from the retreat to serve as a very strong and positive influence in the future deliberations and decisions of Council.

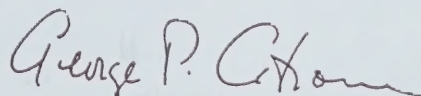
One of the main objectives of the retreat was to create a proactive vision for the future direction of the College. To do that, the participants recognized the importance of moving beyond our current policies and visions to establish strategies that will help us thrive. By creating and committing to a shared vision for the future direction of the RCDS, we were able to assess the gaps between the College's current programs and its future direction, and work out proactive ways to close those gaps.

To implement those stated goals, Council and the Executive Staff committed to better protect and promote the public interest; to advocate and act as a role model for self-regulation; to provide and promote integrity to the Complaints and Discipline process; to define, advance and improve the delivery of quality dental care; and to anticipate, promote and influence government, the profession and the public.

To achieve those objectives, the College has already moved to increase communication with the profession and the public by introducing an Ontario-wide 1-800 number. Not only has this served to increase accessibility, but it also strengthens the College's position as a resource centre to all its members.

Another initiative implemented as a direct result of the Strategic Planning Retreat was the development of a new information brochure to be distributed to dental offices, community centres, public health units and public libraries, aimed at informing the public about the existence and mandate of the College as well as their rights under the Act and its Procedural Code.

Clearly, 1995 was another busy and productive year for the College. The accomplishments of the past year, however, could not have been achieved without the hard work and dedication of members of Council and the College staff and the various dentists who serve on our committees. This Annual Report marks another year of successes for us, and we urge you to take time to review its contents.



George P. Citrome, DDS, MS
President

Members of Council

The RCDS Council is composed of twelve elected dentists, two academic appointees and eleven public members



Seated (from left to right): Ms. C. Smith, Mr. R. Cowan, Mr. D. Bonham (Chair), Dr. G. Citrome (President), Dr. M. Yasny (Vice-President), Dr. R. Ellis (Registrar) and Dr. M. Stein (Deputy Registrar).
Second Row: Dr. R. Yarascavitch, Dr. R. Brandon, Dr. R.M. Balfour, Dr. D. Mitchell, Dr. L. London, Dr. J. Fawcett, Dr. D. Banting and Mr. C. Mackesey.
Third Row: Dr. R. Filion, Dr. M. Shelley, Ms Jody Karpf, Mr. N. Young, Ms E. Prescod, Ms G. Lafond, Dr. J. Anders, Mrs. S. Gelberg, and Mr. P. Urbanowicz. Not Shown: Dr. M. Klotz and Dr. D. McComb.

RCDS COUNCIL

Elected Members

Dr. George P. Citrome
Ottawa - District #1

Dr. James I. H. Fawcett
Lindsay - District #2

Dr. Richard L. J. Filion
Sudbury - District #3

Dr. R. Malcolm
(Mac) Balfour
Oakville - District #4

Dr. John T. Anders
Barrie - District #5

Dr. Robert A. Brandon
London - District #6

Dr. Martin W. Shelley
Kitchener - District #7

Dr. Ronald M. Yarascavitch
St. Catharines - District #8

Dr. Malcolm Yasny
Metro Toronto (North) - District #9

Dr. David J. Mitchell
Metro Toronto (West) - District #10

Dr. Louis London
Metro Toronto (Central) - District #11

Dr. Marvin W. Klotz
Metro Toronto (East) - District #12

Academic Members

Dr. Dorothy McComb
University of Toronto

Dr. David W. Banting
University of Western Ontario

Public Members

Mrs. E. F. Chubb
(January - March)
Toronto

Mr. Richard J. Cowan
Toronto

Mrs. S. N. Gelberg
King City

Ms Jodie Karpf
Toronto

Ms Ginette Lafond
Timmins

Mr. Cecil Mackesey
Bowmanville

Ms Elaine Prescod
Toronto

Ms Carol Smith
Scarborough

Mr. Paul Urbanowicz
Brantford

Mr. Neil Young
Toronto

(two vacancies)

College Committees

In addition to Council itself, seven Statutory Committees and five Standing Committees provide assistance in carrying out the College's mandate.

PRESIDENT*:

Dr. G. P. Citrome

VICE-PRESIDENT:

Dr. M. Yasny

EXECUTIVE

COMMITTEE:

Dr. G. P. Citrome
(Chair)

Mrs. E. F. Chubb
(Jan.- March)

Mr. R. J. Cowan

Dr. M. Klotz

Ms C. Smith
(March - Dec.)

Dr. M. Yasny

REGISTRATION

COMMITTEE:

Dr. D. W. Banting
(Chair)

Dr. J. T. Anders

Mr. C. Mackesey

COMPLAINTS

COMMITTEE:

Dr. R. M. Balfour
(Chair)

Ms J. Karpf

Mr. C. Mackesey

Dr. M. W. Shelley

Dr. L.W. Armstrong
(Nov.- Dec.)

(Non-Council)

Dr. S. A. Chaney

(Jan.- Nov.)

(Non-Council)

Dr. H. Tupholme

(Non-Council)

DISCIPLINE

COMMITTEE:

Dr. J. I. H. Fawcett
(Chair)

Mrs. E. F. Chubb

(Jan. - March)

Mr. R. J. Cowan

Dr. L. London

Dr. D. McComb

Dr. D. J. Mitchell

Ms C. Smith

Mr P. D. Urbanowicz

Mr. N. Young

(Dr. L. W. Armstrong

(Jan. - Nov.)

(Non-Council)

(Dr. M. H. Cohen

(Non-Council)

Dr. J. R. A. McGinn

(Non-Council)

Dr. R. C. Warren

(Non-Council)

FITNESS TO

PRACTISE COMMITTEE:

Dr. L. London

(Chair)

Ms G. Lafond

Dr. J. R. Bakti

(Non-Council)

QUALITY ASSURANCE

COMMITTEE:

Dr. D. McComb
(Chair, Nov. - Dec.)

Dr. M. Klotz

(Chair, Jan. - Nov.)

Ms G. Lafond

Dr. W. K. Hettenhausen

(Non-Council)

Dr. V. D. Krueger

(Non-Council)

PATIENT RELATIONS

COMMITTEE:

Ms J. Karpf

(Chair)

Mrs. S. N. Gelberg

Dr. D. J. Mitchell

Dr. B. C. Janik

(Non-Council)

Dr. J. H. Golem

(Non-Council)

AUDIT COMMITTEE:

Mrs. S. N. Gelberg

(Chair)

Dr. G. P. Citrome*

Dr. R. M. Balfour

Dr. J.I.H. Fawcett

GENERAL PURPOSE

COMMITTEE

Dr. R.L.J. Filion

(Chair)

Dr. G.P. Citrome*

Dr. R.A. Brandon

Ms G. Lafond

FINANCE AND

PROPERTY COMMITTEE:

Dr. M. Yasny

(Chair)

Dr. G. P. Citrome*

Dr. R. A. Brandon

Dr. R. M. Yarascavitch

Ms E. Prescod

LEGAL AND

LEGISLATION COMMITTEE:

Dr. M. W. Shelley

(Chair)

Dr. G. P. Citrome*

Dr. D. W. Banting

Dr. R. L. J. Filion

Ms C. Smith

PROFESSIONAL

LIABILITY

PROGRAM COMMITTEE:

Ms. E. Prescod

(Chair)

Dr. M. D. Charendoff

(Non-Council)

Dr. R. D. Speers

(Non-Council)

Dr. L. A. Cutter

(Non-Council)

Dr. B.H. Korzen

(Non-Council)

* The President is an *ex officio* member of the following Committees: Audit, General Purpose, Finance and Property, Legal and Legislation.

DENTISTRY REVIEW

COMMITTEE:

Dr. J. D. Anderson

(Chair)

Dr. G. I. Baker

Dr. D. H. Johnston

Ms A. McGuinness

Ms P. Scharf

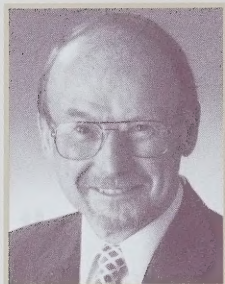
While the activities of the Dentistry Review Committee are administered by the College, this is not an RCDS committee.

All members of the Committee are appointed by the Lieutenant Governor in Council and it's role is to review matters that are brought to its attention by the General Manager of the Health Insurance Plan (OHIP) if he or she has reason to question a billing submitted by a dentist. The Committee has not met since 1982.

Executive Staff

Registrar

Roger L. Ellis,
DDS, MSc.



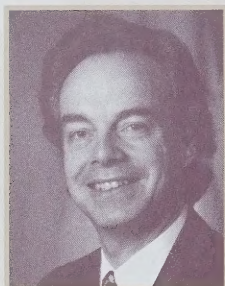
Deputy Registrar

Minna H. Stein,
DDS, M.Ed.



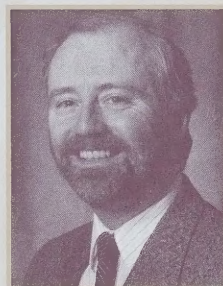
**Director,
Public Complaints**

Fred Eckhaus,
DDS



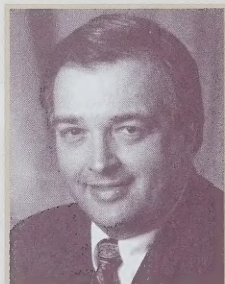
**Director,
Investigations**

James M. Gillespie,
DDS



**Director,
Quality Assurance**

Donald J. McFarlane,
DDS, DDPH



**Director, Financial and
Administrative Services**

Marion Keddie,
CGA.



General Counsel

Alan L. Bromstein, LLB

Auditors

Deloitte & Touche

Bankers

The Royal Bank of Canada

Protecting the Public and Guiding the Profession

Under the Regulated Health Professions Act, 1991, all health regulatory Colleges in Ontario have the duty "to serve and protect the public interest" with respect to each College's particular health profession. In addition to this duty, Colleges must take steps to ensure that the objects contained in the legislation are followed. The objects of the Royal College of Dental Surgeons are:

- To regulate the practice of dentistry and to govern the members in accordance with the Dentistry Act, 1991, the Regulated Health Professions Code and the Regulated Health Professions Act, 1991 and the regulations and bylaws.
- To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
- To develop, establish and maintain programs and standards of practice to assure the quality of the practice of dentistry.
- To develop, establish and maintain standards of knowledge and skill and programs to promote continuing competence among the members.
- To develop, establish and maintain standards of professional ethics for the members.
- To develop, establish and maintain programs to assist individuals to exercise their rights under the Regulated Health Professions Code, and the Regulated Health Professions Act, 1991.
- To administer the Dentistry Act, the Regulated Health Professions Code and the Regulated Health Professions Act, 1991 as it relates to the dental profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
- Any other objects relating to dental health care that the Council considers desirable.

In carrying out these obligations, the RCDS has seven Statutory Committees that are mandated by the RHPA (Executive, Registration, Complaints, Discipline, Fitness to Practise, Quality Assurance and Patient Relations). There are five other committees, which, while not mandated by the legislation, are necessary for the efficient and orderly adminis-

tration of the RCDS and some of its programs and services (Audit, Finance and Property, Legal and Legislation, General Purpose and Professional Liability).

Entry to the Profession



The Registration Committee deals with applications for registration as a general practitioner or dental specialist that have been referred to the Committee by the Registrar whenever he or she has doubts whether the applicant fulfills the registration requirements or if the Registrar is of the opinion that terms, conditions or limitations should be imposed on the certificate of registration of the applicant. The Committee also deals with re-instatement applications for practitioners who have not been registered in Ontario for more than three years.

Decisions of the Registration Committee relative to the refusal to issue a certificate of registration are appealable to the government appointed Health Professions Board.

The prime duty of the RCDS is to serve and protect the public interest and to carry out its legislated objects.

Specialty Examinations

One of the requirements of the Registration Regulations made under the Dentistry Act, 1991 (RHPA) is that applicants for a specialty certificate must have successfully completed the specialty examination set or approved by the Col-

lege. The Registration Committee and RCDS Council have approved for 1995, 1996 and 1997 that the "approved specialty examinations" would be the membership examination of the Royal College of Dentists of Canada (RCDC) for the specialties of Prosthodontics, Endodontics, Orthodontics, Paediatric Dentistry, Periodontics, Public Health Dentistry and Oral Radiology if taken prior to 1994 and Part 1 of the Fellowship examinations if taken from 1994 to 1997. For Oral Pathology the examination is the Fellowship examination of the RCDC and for Oral and Maxillofacial Surgery, the approved specialty examination is the RCDC Membership examination

completed during the period 1989 to 1992 and the Fellowship examination completed from 1993 to 1997.

Before making its final recommendations to Council as to whether, after 1997, the RCDC examinations will continue to be the "approved specialty examinations" for dental specialists wishing to practice in Ontario, the Registration Committee is continuing its dialogue with the RCDC and the nine provincial dental specialty societies.

A presentation was made to the RCDC Council and Chief Examiners on August 27, 1995 by Dr. David Banting, Chair of the Registration Committee respecting examinations for specialty certificates. In the paper, the Committee identified four basic principles for specialty examinations in Ontario. These principles were:

- **Validity:** the examination, regardless of its format should be a valid measure of the candidates knowledge, skill, judgement and professional values. Validity must be demonstrated.
- **Fairness:** the examination must be fair in the sense that it tests the competence of the new specialist practitioner and reflects the currently accepted standards of applied basic science knowledge, diagnostic procedures, treatment and preventive interventions. It must also be equitable in the sense that the examination is equivalent for all candidates.
- **Competency:** the examination should embrace the concept of competency testing which identifies the knowledge, skills and professional values necessary for a dental specialist to function safely and ethically in a typical, current practice setting.
- **Portability:** the examination should be acceptable to all dental regulatory bodies in Canada and should allow the holder to practise his or her specialty anywhere in Canada without further examination.

The Registration Committee's presentation to the RCDC also included a listing of the desirable attributes of specialty examinations and a discussion of the reasons why the Committee has some discomfort with some of the current examinations.

Discussion with the RCDC and various stakeholder groups will be ongoing in 1996 with progress reports being made to Council on a regular basis.

NDEB Certification for Graduates of U.S. Dental Schools

The National Dental Examining Board of Canada currently administers a different examination for graduates from both the U.S. and off-shore dental undergraduate programs that for graduates of Canadian dental schools. Canadian gradu-

ates must successfully complete both the written and Objective Subjective Clinical Examinations (OSCE) and U.S. and off-shore candidates must complete the written and clinical (Parts I, II and II) examinations.

The discrepancy with respect to U.S. graduates was discussed at a meeting in 1995 of the American Dental Association Council on Education to which representatives from the CDA Council on Education and the Commission on Dental Accreditation were also invited to attend. The ADA Council on Education was so concerned about this discrepancy, it was seriously considering revoking the CDA/ADA reciprocity agreement which allows Canadian graduates to compete for internship and graduate programs on an equal footing with U.S. graduates. In the

view of the ADA, if this discrepancy continues, Canadian dentists moving to the United States might have to complete a two year educational program before being eligible to write U.S. National and/or Regional examinations.

Further discussion on this important matter will continue in 1996 between the provincial regulatory bodies, CDA, NDEB and ADA Council on Education.

Specialty Certificates Granted

During 1995, thirty-four Specialty Certificates were granted. The names of these specialists and their area of specialty are:

- | | |
|--|-----------------------------------|
| • Endodontics: | Dr. Jessica L. Tan |
| Dr. Mandeep S. Dhillon | Dr. Christopher H. Tom |
| Dr. Richard C. Komorowski | Dr. Brian E. Wilk |
| Dr. Gholam R. Rastegar | Paediatric Dentistry: |
| • Oral and Maxillofacial Surgery: | Dr. D. Jane Gillanders |
| Dr. Ali Adibfar | Dr. Raymond Lee |
| Dr. Leslie H. Diamond | Dr. Roxanna E. MacMillan |
| Dr. Martin M. Jokay | Dr. Mandana Nikouei |
| Dr. Andre Rousseau | Dr. Anna H. Seo |
| Dr. Owen G. Symington | Dr. Katherine J. M. Zettle |
| Dr. Lorenzo Vigna | • Periodontics: |
| • Oral Pathology: | Dr. Douglas L. T. Chan |
| Dr. Richard C. K. Jordan | Dr. Sharan Golini |
| • Orthodontics: | Dr. Alan M. Hiltz |
| Dr. Grant A. MacColl | Dr. Herbert Veisman |
| Dr. Tarun Mehra | Dr. Lyra A. Wright-Lacoursiere |
| Dr. Kevin C. Mendes | • Public Health Dentistry: |
| Dr. R. Geoffrey Newton | Dr. Joyce M. Sinton |
| Dr. Pourang Rahimi | Dr. David P. Wiebe |
| Dr. Clifford B. Simon | Dr. Peter V. Wiebe |
| Dr. Ronald L. Sperber | |

Complaints, Discipline and Fitness to Practice

The College must be able to effectively address concerns of the public about the quality of service and enforce standards to ensure that dental care is provided in a professional and ethical manner. It must also be able to respond quickly and appropriately whenever a possible incapacitated member is brought to its attention so that his or her physical or mental state does not expose dental patients to harm or injury. Three of the College's Statutory Committees (Complaints, Discipline and Fitness to Practise) are charged with the above responsibility.

COMPLAINTS

Panels of the Complaints Committee made up of two dentists and one public member investigate and consider complaints that have been filed with the College regarding the conduct or actions of a dentist. To do this, they review submissions from the member as well as any relevant documents and dental records from the member, other practitioners who have treated or consulted with the patient or an expert or experts selected by the College. If necessary, arrangements may be made for the complainant and/or the member to meet with the panel considering the particular matter at College headquarters in Toronto.

The Complaints Committee cannot award costs or demand refunds of any kind - only the courts can do this. If the patient or the dentist is not satisfied with the decision of the Complaints Committee, a review mechanism is available through the government appointed Health Professions Board.

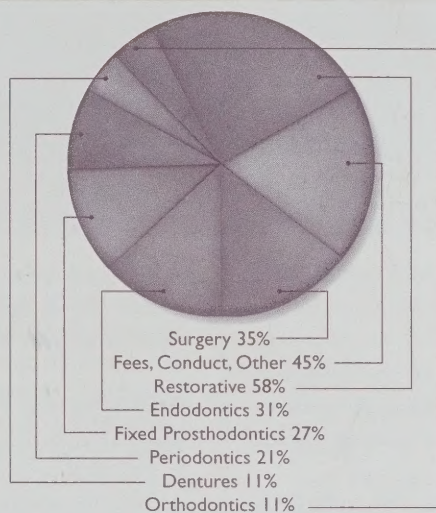
Under the RHPA, the Complaints Committee has a number of options available to it in order to be able to deal appropriately with the various matters before it. These options, broken down by appropriate statistics, are presented for the decisions reached by the panels of the Complaints Committee during 1995.

Number of Decisions Issued	157
No Further Action	97
No Further Action - Undertaking Signed	27
No Further Action - Written Caution Issued	5
Verbal Caution Issued	16
Referred to Discipline Committee for Professional Misconduct or Incompetence Hearing	15
Referred to Executive Committee for Possible Incapacity	3

Complaints Activity

During 1995, three hundred and twenty-one letters of complaint or inquiry were received by the College with almost 100 of these matters being resolved outside of the formal complaints process. By December 31, 1995, two hundred and twenty-one formal complaints involving a number of areas of dental practice entered the formal complaints investigation process. The accompanying figure shows a breakdown of the major areas of complaint and the percentage in each category.

COMPLAINTS BY AREA OF DENTISTRY - 1995



Panels of the Complaints Committee met for 27 full day meetings in 1995, interviewing 31 dentists and 12 complainants. The entire Complaints Committee held a general meeting with the staff of the Complaints area of the College which provided an opportunity to discuss procedural issues and to discuss with the Registrar, Deputy Registrar and the Director of Public Complaints the administrative and staffing changes that are being implemented to streamline the complaints process and allow for a more timely disposal of formal complaints files.

Health Professions Board Activity

The Health Professions Board has the legislated obligation to review on the request of the complainant or the involved member the decision of a Complaints Committee panel of all of the Colleges covered by the Regulated Health Professions Act, 1991.

During 1995, the Health Professions Board was requested to review 28 of the decisions of a panel of the Complaints Committee of the RCDS. Three of these requests were denied by the Board because of the timeliness of the request and one was denied as being frivolous and vexatious. Five requests were withdrawn. The Health Professions Board issued 25 decisions with most of these relating to matters that had been dealt with by the College in 1994. Eighteen or seventy-two percent of these decisions confirmed the decision of the Complaints Committee and the remaining were returned to the College for further investigation and / or action.

DISCIPLINE

The role of the Discipline Committee is to hear and determine allegations of professional misconduct or incompetence against members of the College who have been referred to the Committee by the Complaints or Executive Committees.

Where a panel of the Discipline Committee finds a member guilty of professional misconduct it may make one or a combination of the following orders:

1. Directing the Registrar to revoke the member's certificate of registration.
2. Directing the Registrar to suspend the member's certificate of registration for a specified period of time.
3. Directing the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
4. Requiring the member to appear before the panel to be reprimanded.
5. Requiring the member to pay a fine of not more than \$35,000. to the Minister of Finance of Ontario.

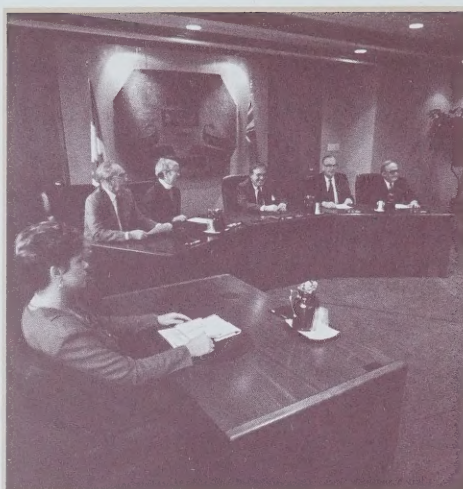
If the act of professional misconduct was the sexual abuse of a patient, the Discipline Committee panel can require the member to reimburse the College for funding provided for the patient for therapy or counselling.

A panel may also suspend the effect of one of the orders listed above for a specified period and on specified conditions if conditions warrant such suspension. If a panel of the Discipline Committee finds a member to be incompetent, options 1, 2 and / or 3 above are available to the panel.

Discipline Committee Activity

Eighteen discipline hearings were concluded during 1995 involving thirty-one hearing days. In sixteen of these hearings, the member whose conduct was in question was found "guilty" of specified allegations of professional misconduct and in two of the hearings, all allegations were withdrawn by the College.

Of the ninety-one specified allegations heard by the Disciplinary Committee panels in 1995, seventy-six were made under the Health Disciplines Act and the other fifteen were made under the Dentistry Act, 1991 (RHPA). The general nature of the fifty-one allegations to which members were found guilty are summarized in the accompanying figure.



The Discipline Hearing Room at the RCDS headquarters in Toronto

A full description of the findings of the Discipline Committee panel and its reasons are published in Dispatch, the College newsletter, as soon as possible after a hearing has been concluded and the appeal period has elapsed. Members of the profession and the public are urged to read these reports as they are published.

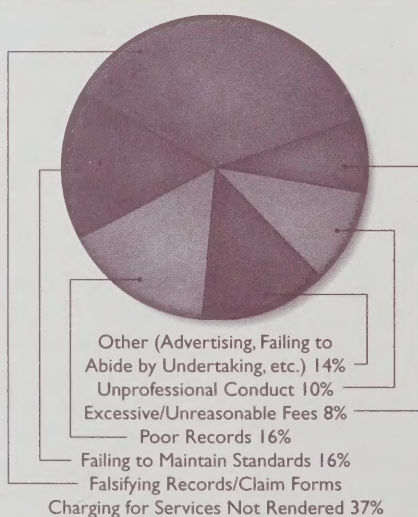
During 1995, a meeting of the full Discipline Committee was held to consider a number of issues of common interest, to share concerns and personal experiences regarding the disciplinary process and to gain a better understanding of the wide range of matters brought before various panels under the Regulated Health Professions Act, 1991. This meeting proved to be successful and worthwhile to all in attendance and the benefits will undoubtedly be reflected in future deliberations of the various panels of the Discipline Committee.

When a member of the profession becomes incapacitated due to a physical or mental condition or disorder such as drug or alcohol dependence or physical disability, that makes it desirable in the interest of the public and / or the professional that he or she no longer be permitted to practise (or that his or her practice be restricted), the Executive Committee of the College may appoint a "Board of Inquiry" to investigate the matter. In order to appoint such a Board, the Executive Committee must first have received a report from the Registrar of the College or the Complaints Committee outlining the concerns about the particular member. The Board is composed of one public member of the RCDS Council and two dentists who are not members of Council.

FITNESS TO PRACTISE

If after making appropriate inquiries about the matter, the Board of Inquiry has reason to believe that the member is incapacitated, the Board may require the member in question to undergo physical and mental examinations by a health professional chosen by them. The Board may also make an order directing the Registrar to suspend the member's certificate of registration until he or she submits to the examinations.

PROFILE OF DISCIPLINARY FINDINGS - 1995



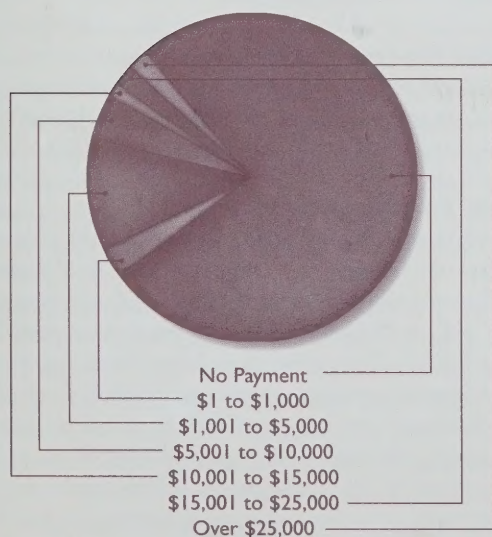
After a thorough review of the results of these examinations and other relevant material, the Board of Inquiry prepares a report for the Executive Committee. If the Board's report indicates that the member in question may be incapacitated, the Executive Committee may refer the matter to the Fitness to Practice Committee to hold a hearing to determine whether or not the member is incapacitated.

In 1994, two "Boards of Inquiry" were appointed by the Executive Committee and in one of these cases, it was not necessary to convene a Fitness to Practise hearing to resolve the matter. In the other case, after considering the Board's report, the Executive Committee issued an "Interim Order" to suspend the member's certificate of registration in mid-December until a formal Fitness to Practise hearing can be held in early 1996.

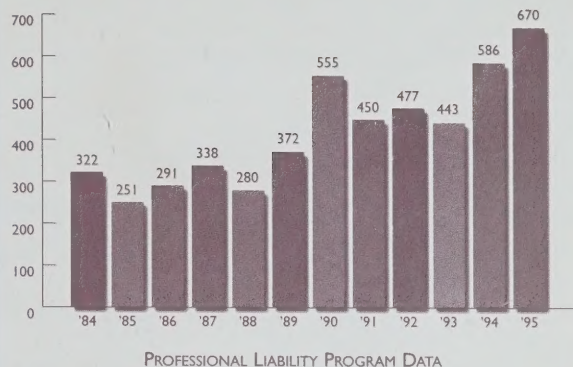
Professional Liability Program

The annual fees paid to the College by Ontario dentists include a portion for professional liability or "malpractice" claims. The mandatory nature of the program ensures that mechanisms are in place to protect the interests of the public in the event of negligence, accident or untoward result of dental treatment. This program is administered by the Professional Liability Program Committee which is chaired by a public member of Council. The four other members of the Committee are non-elected dentists appointed by Council.

CLAIM PAYMENT PROFILE 1984 - 1995



NUMBER OF FILES OPENED 1984 - 1995

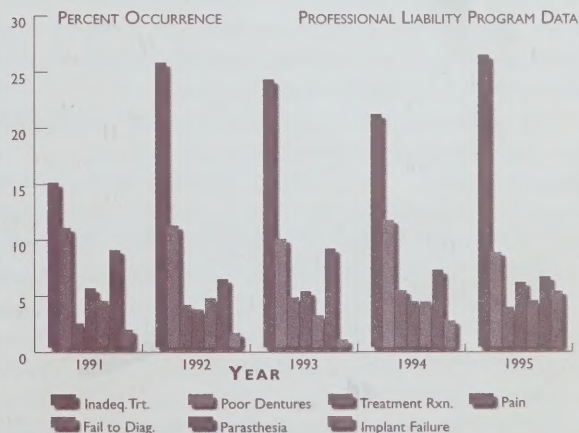


PROFESSIONAL LIABILITY PROGRAM DATA

Claims Statistics

- In 1995, six hundred and seventy files were opened by the Professional Liability Program area of the College, an increase of eighty-four over the previous year. For comparison purposes, The number of files opened for the period 1984 to 1995 is shown above.
- Despite the increase in potential claims activity, seventy percent of files are still closed without any claim payment. Of the thirty percent of claims where a payment was made, most are settled for under \$10,000.
- The 670 files that were opened in 1995 can be categorized in a number of ways. The primary causes compared to the previous four years and the areas of dentistry for the same time period are presented in this report.

PRIMARY CAUSES BY YEAR 1991 - 1995



FILES BY AREA OF DENTISTRY

Area of Dentistry	Before 1991	1991	1992	1993	1994	1995	TOTAL
Anaesthesia & Sedation	71	5	7	5	8	2	98
Endodontics	506	69	68	76	74	101	894
General Dentistry	401	54	59	76	58	86	734
Implants	20	10	6	3	11	11	61
Operative Dentistry	492	88	85	85	136	126	1,013
Orthodontics	237	32	59	24	32	37	421
Periodontics	111	22	24	16	13	13	199
Fixed Prosthodontics	372	42	47	39	75	89	675
Removable Prosthodontics	204	19	27	24	37	45	356
Surgery	1,021	105	91	95	132	118	1,552
Temporo-mandibular Disorders	20	4	4	1	7	42	78
Unknown	11	0	0	0	0	0	11
TOTAL	3,466	450	477	443	586	670	6,092



Quality Assurance Program

The Regulated Health Professions Act, 1991 requires each College to have a Quality Assurance Program in place. The Act defines this program as “a program to assure the quality of the practice of the profession and to promote continuing competence among the members”.

This program is administered by the College's Quality Assurance Committee which is charged with the responsibility of establishing a pro-active, non punitive Quality Assurance Program that ensures that members of the College remain competent and that their knowledge and skills remain current throughout their professional careers.

The following four major elements of the Quality Assurance Program for Ontario dentists were approved by Council in 1995:

- Development of Practice Guidelines / Standards of Clinical Care
- Mandatory Continuing Dental Education
- Quality Assessment
 - Dental Practice Review
 - Dentist Evaluation
 - Dentist Enhancement
- Remediation with Respect to Behaviour or Remarks of a Sexual Nature by a Member Towards a Patient

Standards/Guidelines Development

One of the “terms of reference” of the Quality Assurance Committee is to be responsible for “the development and regular revision of College guidelines, standards of practice documents, advisory notices and other College publications related to the knowledge and skill of members of the College respecting patient care and the practice of dentistry, including communicating this information to the members of the College”.

The orderly and thoughtful development of such practice guidelines / standards of clinical care and the dissemination of them to the profession is crucial to the functioning of an effective Quality Assurance Program. The Quality Assurance Committee is committed to the development of all future College guidelines / standards of clinical care documents by means of a rigorous, open and consultative process and based on the best available scientific evidence. In order to develop and refine the process for developing future documents, a workshop for potential authors, members of Council and other key stakeholders is being planned for the Spring of 1996. The ODA and CDA have been invited to participate in the planning of this workshop.

Mandatory Continuing Dental Education

Because of the need for the College's “Quality Assurance Program” to ensure that dentist's knowledge is up to date, profession-wide Mandatory Continuing Dental Education (MCDE) requirements were put in place, commencing September 15, 1995. Under this program, all members of the College are required to obtain ninety (90) credit points every three years. Specialists must obtain at least half of their ninety credits from programs related to their specialty. The fact that a dentist did not obtain the necessary credits during the cycle will be used as a significant weighting factor for the inclusion of the dentist in the ‘Dental Practice Review’ component of the Quality Assessment Program.

Quality Assessment Program

The Quality Assessment Program component of the College's Quality Assurance Program will have three distinct elements, ‘Dental Practice Review’, ‘Dentist Evaluation’ and ‘Dentist Enhancement’.

DENTAL PRACTICE REVIEW

The purpose of the ‘Dental Practice Review’ element of the Quality Assessment Program is to conduct a broad based “screening” assessment of a selected number of dental practices (general practitioners and specialists) each year respecting those areas of dental practice that have the most impact on patient health and safety and the provision of appropriate dental care. (Infection control and office cleanliness, x-ray safety, qualifications of staff, drug storage, recordkeeping, informed consent, appropriateness of care, etc.).

The dental practice review program will not involve the examination of patients or observation of patients being treated. A random selection of patient records will be reviewed by the assessor appointed by the College. The selection of dental practices will

be primarily based on routine random selection of dentists (general practitioners and specialists). A portion of the practices reviewed will be chosen by means of weighted sampling using existing RCDS data, MCDE results and other information.

Once the program is in full operation, it is expected that assessors appointed and trained by the College will visit about 400 individual practices each year and, using a check-list developed by the College, carry out an assessment of these practices and report the results to the Quality Assurance Committee and to the practitioner involved.

If minor deficiencies are found, the Committee would, in the first instance, give the practitioner an opportunity to correct the deficient areas him / herself. If the deficiencies were serious, it may be necessary for a more indepth review of the practitioner to be carried out by means of the 'Dentist Evaluation' component of the Quality Assessment Program.

After the member has had an opportunity to correct any deficiencies that were identified by the Committee as part of the 'Dentist Review', another practice review may be necessary to ensure that the deficient areas have been corrected.

DENTIST EVALUATION

The purpose of this component of the Quality Assessment Program is to carry out an indepth evaluation of a member's knowledge, skill, judgement and/or clinical performance as a general practitioner or as a specialist as a result of the report of a dental practice review or re-review or other written information. This evaluation may encompass all areas of dental practice or a particular area of deficiency. It will be designed to reflect the member's type of practice and may include written or oral questions, a review of certain patient charts from the member's practice and/or simulated clinical situations / laboratory-based exercises.

'Dentist Evaluations' will be carried out by a person or body designated by the Committee and unrelated to the 'Dental Practice Review' process and a report of the findings will be given to the Quality Assurance Committee and to the member. After considering the report, the Committee may give the practitioner an opportunity to correct any deficient areas him / herself. The Committee may decide, however, that the member should participate in the next phase of the Quality Assessment Program, namely the 'Dentist Enhancement' component.

If the deficiency or deficiencies were serious, the Committee may decide to direct the Registrar to impose certain terms, conditions or limitations on the member's certificate of registration for a period or periods not exceeding six months until the 'Dentist Enhancement' process is completed. Once the dentist has had an opportunity to correct any deficiencies him / herself, the member may be required

to undergo another 'Dentist Evaluation' of 'Dental Practice Review' to ensure that any deficiencies that were identified have been corrected.

DENTIST ENHANCEMENT

The purpose of this component of the College's Quality Assessment Program is to provide an educational program for the member identified by the 'Dentist Evaluation' component that is specifically designed to reduce or eliminate any deficiency or deficiencies. The Quality Assurance Committee can require a member to participate in the 'Dentist Enhancement' process if he or she has undergone an evaluation or re-evaluation in the 'Dentist Evaluation' component and the

evaluation or re-evaluation has demonstrated deficient clinical ability on the part of the member.

Working with both Ontario Faculties of Dentistry and other educational providers, specially designed educational programs will be developed and/or designed to meet the specific needs of a particular member. The cost of these programs will be the responsibility of the individual dentist.

Once the remedial program has been completed and any terms, conditions or limitations on the member's certificate of registration removed, it may be necessary for another 'Dentist Evaluation' or 'Dental Practice Review' in order to ensure that the dentist had corrected those deficiencies that were noted.

Regulation Development

Regulations will be required that prescribe the various elements of the College's Quality Assurance Program and giving the Committee the necessary authority to carry out its mandate. According to the RHPA, these regulations must be in place by January 1, 1997, three years after proclamation of the Act. The Committee will be working with the Legal and Legislation Committee and legal counsel for the College to develop draft legislation which must, in turn, be approved by Council and then by government.

The College's Quality Assurance Program is designed to be pro-active, preventive and non-punitive in nature. Its goal is to guide the members of the dental profession in Ontario in the provision of high quality, safe, appropriate and ethical dental care for their patients.

Patient Relations Program

The Patient Relations Program is administered by the Patient Relations Committee which is charged with developing and implementing pro-active programs and measures designed to prevent sexual abuse of dental patients by members of the College and to ensure that appropriate mechanisms and measures are in place to effectively deal with sexual abuse of patients when it occurs. The committee also will be administering the funding program for therapy and counselling of dental patients who were sexually abused.

Components of the Patient Relations Program

The Patient Relations Committee of the Royal College of Dental Surgeons of Ontario has concentrated its efforts during 1995 on the following elements of the Patient Relations Program:

- Ongoing Review of the Complaints and Disciplinary Process and Data Collection
- Approval of Alternate Funding Criteria for Therapy and Counselling
- Education of Dental Students and New Registrants
- Education of the Profession
- Education of the Public

COMPLAINTS AND DISCIPLINE PROCESSES

The Patient Relations Committee believes that appropriate protocols and procedures are in place to ensure that inquiries from the public and complaints alleging sexual abuse / impropriety / harassment are clearly identified and assigned to an investigator with special training in handling such matters. This investigator meets with the College's Sexual Abuse Officer on a regular basis and reports trends and other pertinent information to the Patient Relations Committee as required.

CRITERIA FOR FUNDING FOR THERAPY AND COUNSELLING OF SEXUALLY ABUSED PATIENTS

At the February 1995 meeting of the RCDS Council, proposals regarding the funding mechanism for therapy and counselling of sexually abused dental patients were approved. In addition, an application form was presented to assist in the administration of the funding mechanism.

Shortly afterwards, the Health Professions Regulatory Advisory Council (HPRAC) provided the Minister of Health with an "advice document" about this issue. The Committee decided, on the advice of legal counsel, to delay proceeding with the drafting of necessary Regulations until more information was obtained from government as to what direction the Minister wanted all Colleges to take. It is anticipated that these Regulations will be prepared in early 1996 for consideration by Council.

EDUCATION OF UNDERGRADUATE AND POST-GRADUATE DENTAL STUDENTS AND NEW REGISTRANTS

All College Guidelines, including those intended to guide members about appropriate professional behaviour respecting the prevention of sexual abuse and ethical conduct, are distributed to all undergraduate and post-graduate dental students at Ontario Faculties of Dentistry as a matter of course.

A teaching module on such topics as the sexual abuse provisions in the RHPA (i.e. definition of sexual abuse, mandatory reporting requirements, disciplinary sanctions, etc.) and professional behaviour is included in lectures by RCDS staff to Ontario dental students as well as to new registrants who were trained in other jurisdictions as part of the College's ethics and jurisprudence program

EDUCATION OF THE DENTAL PROFESSION

In addition to the Guidelines for Professional Behaviour which were distributed to all members of the College in late 1994, the RCDS provides a full day continuing education program on jurisprudence and ethics issues. Mandatory reporting, other sexual abuse prevention provisions of the RHPA and a review of the above-noted Guidelines form a part of the content of this program. Ample opportunity is also provided for questions from the participants.

In 1995, the Patient Relations Committee began the process of producing a dental profession-specific educational videotape to be used in future educational sessions with dental students, new registrants and the dental profession. It is anticipated that this program will be completed by mid-1996.

SEXUAL ABUSE / HARASSMENT STATISTICS

	1994	1995
Number of Formal Complaints	229	221
Number (percentage) Categorized As Sexual Abuse of Patients	2 (0.87%)	6 (2.71%)
Number (percentage) Categorized As Sexual Harassment of Dental Staff	2 (0.87%)	2 (0.91%)
Number (percentage) Categorized As Involving Patients and Staff	1 (0.43%)	1 (0.45%)
TOTAL	5 (2.18%)	9 (4.07%)

"One of the purposes of the provisions of the RHPA regarding the sexual abuse of patients by health professionals is the ultimate eradication of such conduct."

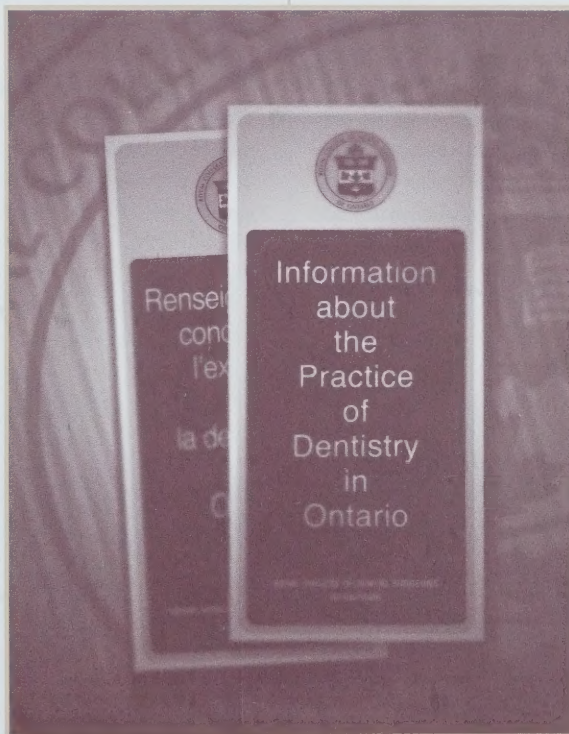
EDUCATION OF THE PUBLIC

In keeping with one of the legislated components of the Patient Relations Program, that of providing education to the public, approval was obtained from Council at its November 1995 meeting for the publication of a brochure entitled "Information About the Practice of Dentistry in Ontario" to be displayed in dental offices, community health centres, public health offices and other selected locations which had been developed by the Patient Relations Committee. This informative brochure provides information about the practice of dentistry in the province and outlines the College's role in regulating it. It also describes the structure of the RCDS and its various committees and gives advice to the public on how to access the College if questions or concerns about their oral health or dental treatment cannot be satisfactorily resolved by discussing them with their dentist.

An initial quantity of twenty-five brochures along with a convenient display stand, which are available in English and in French, were expected to be available in dental offices and other community locations before the end of January, 1996. Sufficient quantities have been printed to allow for a re-ordering process to be made available. The Patient Relations Committee will be continuing to explore during 1996 other methods of informing the public about the College and the various rights that they have under the RHPA.

The Council of the Royal College of Dental Surgeons of Ontario remains committed to the prevention of sexual abuse of dental patients and the sexual harassment of dental office staff by members of the College. Through the Patient Relations Committee, the various elements of the College's Patient Relations Program will be evaluated on a regular basis to ensure that it is responsive to the needs of the public and the profession and effective in carrying out the Program's mandate.

One of the legislated components of the Patient Relations Program is the provision of information to the public about the College's role.



Other Activities & Initiatives

Legal and Legislation Matters

The following Regulations are now in place with respect to the practice of dentistry in Ontario:

- Composition of Committees
- Fees
- Electoral Districts / Elections
- Registration
- Professional Misconduct
- Appointment of Non-Council Members to Committees
- Advertising

Proposed regulations on "Orders, Delegation and Assigning of Intra-Oral Procedures" were submitted to government in 1994 and the RCDS is still awaiting government's consideration and eventual approval. In 1995, proposed Regulations on "Prescribed Records", "Notice of Open Meetings / Hearings", "Prescribing and Dispensing of Drugs", "Collection of Statistical Information" and "The Register" were approved by Council in 1995 and submitted to government.

Still to be completed are "core" regulations on "Inspection/ Examination of Records/ Premises" and "Publication of Discipline Decisions". Regulations prescribing the College's "Quality Assurance Program" and "Funding for Therapy and Counselling" of sexually abused dental patients are expected to be finalized in early 1996.

Non-Clinical Guidelines

The General Purpose Committee of the College presented one new Guideline document Respecting the Sale of a Dental Practice to Council for consideration and approval in 1995. In addition, revised Guidelines Respecting Infection Control in the Dental Office and Guidelines

Respecting the Transfer of Patient Records were also approved by Council. These documents were subsequently distributed to all Ontario dentists in late 1995.

Administration of the College

*The administration of the RCDS is directed by the Registrar
and the other members of the Executive Staff*

Day to day administration of the RCDS with respect to personnel issues, management information systems, property repair, maintenance and tenant issues as well as support for the activities of Council and Committees is directed by the Registrar and the other members of the Executive Staff.

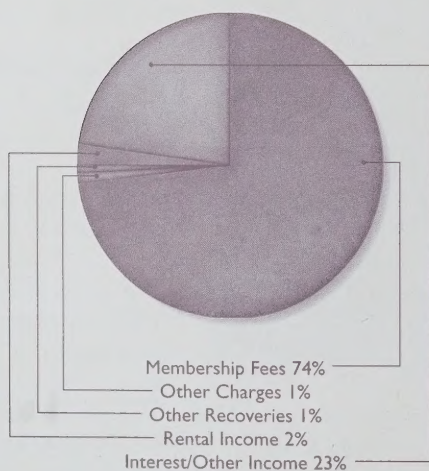
The Finance and Property Committee, in consultation with senior staff, presented its preliminary budget for 1996 to Council for its consideration and initial approval in June, 1995. A final budget was presented to Council in November for final approval. This two-stage process allows for reconsideration of the initial budget later in the year to take into account new programs and services that were approved by Council during the remainder of

the year. It also allows time for the necessary Regulation changes to be approved by government if the annual membership fee needs to be adjusted. In 1995, Council approved a \$55.00 reduction in the annual fee for 1996.

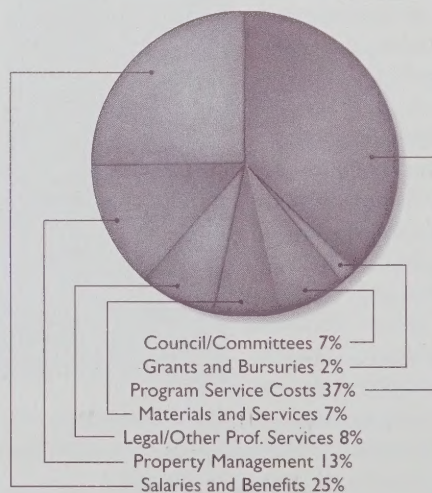
WHERE COLLEGE REVENUES COME FROM AND HOW THEY ARE SPENT

For the information of members of the College, the following charts are presented to provide a snapshot of the major components of the RCDS budget. It is based on the 1996 budget that was approved by Council in November 1995.

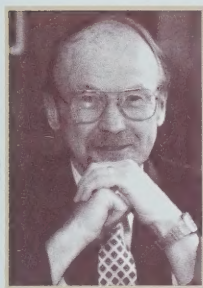
SUMMARY OF REVENUES
PROJECTED TOTAL \$11,001,370.00



SUMMARY OF EXPENSES
PROJECTED TOTAL \$9,585,170.00



Registrar's Report



"To improve is to change. To be perfect is to change often." This past year certainly marked a year of change for the Royal College of Dental Surgeons.

During 1995, the administration of the College completed its implementation of the changes brought about by the increased complexity of the Regulated Health Professions Act, 1991. We also instituted a number of modifications

closer to home, in the areas of physical facilities and staffing at the College headquarters. In this report I would like to briefly outline for you the alterations made to our physical facilities and staffing structure. I would also like to highlight our continuing financial stability, and the changes that it is enabling us to make on your behalf.

Physical Facilities

With respect to our property at 6 Crescent Road, I am pleased to report that the two areas we budgeted for in 1994 but failed to complete, were completed during our 1995 fiscal year. First, we constructed an entry from the building's lobby to its garage, making access to the garage much more accessible and much safer. We also used the occasion to enhance the lobby entranceway. Second, we finally completed the overhaul of our air conditioning and heating systems.

Other changes that we are very proud of is the acceptance and use of our Hearing Room. The Hearing Room was constructed last year to accommodate members of the public and/or the profession who wish to attend "open" Discipline Hearings, a policy that is now demanded by the RHPA. The Room is equipped with separate witness rooms, a deliberation area for the panel, and a reception area where participants can convene during lunch or coffee breaks. During 1995, we rented out the Hearing Room to several Colleges who do not have Hearing Rooms of their own, generating additional revenue for the College.

Finally, the College continued with its plans to revamp its entire computer system by switching from an outdated Wang system to innovative software products and modern hardware systems. This switch will allow us to update our database to provide our members and the public with more current registration information and Council and College staff with more timely and useful complaints, discipline and professional liability program data. E-Mail and Internet access is also being considered.

Staffing

Many of the changes that took place over the past year were in the area of staffing. As the number of complaints received by the College, and claims received by the Professional Liability Program continued to grow, we faced increasing demands for additional administrative staff.

During 1995, we also saw a major reorganization of the Executive Staff. Prior to this year, there were two Assistant Reg-

istrars who reported to the Registrar and Deputy Registrar. However, this year we eliminated the positions of Assistant Registrar and instead appointed four Directors. Each Director is responsible for a different area of administration, and has their own support staff to assist them in their duties.

The new Director of Investigations is Dr. Jim Gillespie, who is currently assisted by a part-time dentist responsible for monitoring compliance with regulations. Mrs. Kay Chuckman, who was formerly with our Complaints area, moved over to Investigations to assist Dr. Gillespie.

The Director of Quality Assurance is Dr. Donald McFarlane, who is responsible for the quality assurance programs being developed by the College and our current publications and communications efforts.

Ms Marion Keddie continues in the position of Director of Financial and Administrative Services, and has made some effective changes in the responsibilities of support staff and in our financial supporting system.

The most extensive changes took place in the area of Complaints. Dr. Fred Eckhaus took over as our new Director of Public Complaints, responsible for administering the handling of the increasing number of complaints received by the College each year. To assist him, the College also hired two additional Complaints Officers, Liisa Ferris and Francis Slayton, and a new Complaints Coordinator, Wendy Waterhouse.

Financial Stability

I am very pleased to report that the College was able to sustain, and improve, its financial stability during 1995. If you turn your attention to the audited financial statements included in this Annual Report, you will see that the College is in a healthy financial situation in both our General and Professional Liability Funds.

Not only have our revenues exceeded our expenses, but we also kept our expenditures below budget for the year. Because of this, Council was in a position to approve a recommendation to reduce the annual fee for a dentist to practice dentistry, effective as of 1996. This is the first time in the history of the College that we have been in a position to reduce fees, which is clearly indicative of our consistently sound financial management over the past several years.

Appreciation

Finally, I would like to emphasize that the College's success is in large part attributable to our excellent, hard-working and dedicated staff who provide both the College and myself with extensive support. I firmly believe that success ultimately depends on individuals, so I would like to express my appreciation to all the people who helped make 1995 another successful year.

Roger L. Ellis, DDS, MSc - Registrar

Financial Statements

Auditors' Report

To the Members of the Council of the Royal College of Dental Surgeons

We have audited the balance sheet of Royal College of Dental Surgeons of Ontario as at December 31, 1995 and the statements of revenue and expenses and balance of funds for the year then ended for each of the General Fund, Professional Liability Program Fund and Harry R. Abbott Memorial Library Fund. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 1995 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

Deloitte & Touche

Chartered Accountants
North York, Ontario,
February 6, 1996.

General Fund

Statement of Revenue and Expenses

For the year ended December 31, 1995

	1995	1994
Revenue		
Registration and annual fees:		
Dentists	\$8,680,100	\$8,557,075
Less portion attributable to:		
Professional Liability		
Program Fund	(3,823,125)	(4,413,404)
	<u>4,856,975</u>	<u>4,143,671</u>

Administration and rent charges to the Professional Liability Program Fund (Note 8)	645,350	619,725
Interest	294,416	180,413
Sundry	149,123	126,975
Discount on mortgage receivable	(74,888)	-
Rental income - Tenants	47,853	47,253
Gain on sale of		
St. George Street Property	-	109,625
	<u>1,061,854</u>	<u>1,083,991</u>
	<u>5,918,829</u>	<u>5,227,662</u>

Expenses

Salary and benefit charges	2,028,944	1,909,464
Legal fees	428,182	385,595
Honoraria	413,033	303,750
Renovations	282,495	65,217
Property maintenance and operating costs (Note 9)	268,494	334,846
Printing, stationery and supplies	264,886	207,964
Grants	214,072	173,595
Equipment - purchase, rental and maintenance	185,925	327,427
Council and committee	183,390	183,425
Interest allocation on PLP loan	141,000	141,000
Bank loan interest	133,850	190,473
Professional fees	100,484	236,759
Staff travel	85,299	77,527
Postage and courier	76,830	93,950
Continuing education	58,285	92,522
Administrative	57,012	69,762
Witness and court reporter fees	40,152	27,514
Telephone	37,677	36,008
Council insurance	2,930	3,243
	<u>5,002,940</u>	<u>4,860,041</u>
Excess of revenue over expenses	<u>\$915,889</u>	<u>\$367,621</u>

**Professional Liability Program Fund
Statement of Revenue and Expenses**
For the year ended December 31, 1995

	1995	1994
Revenue		
Members' assessments	\$3,823,125	\$4,413,404
Interest	2,666,882	2,691,348
	<u>6,490,007</u>	<u>7,104,752</u>
Expenses		
Maximum loss limit, net	2,041,336	1,452,844
Insurance premium	1,139,676	1,140,671
Administration charge from General Fund (Note 8)	645,350	619,725
Adjusters' fees	65,294	58,300
Sundry expenses	33,511	61,372
Expert fees	8,006	3,650
	<u>3,933,173</u>	<u>3,336,562</u>
Excess of revenue over expenses	<u>\$2,556,834</u>	<u>\$3,768,190</u>

**Harry R. Abbott Memorial Library fund
Statement of Revenue and Expense**
For the year ended December 31, 1995

	1995	1994
Revenue		
Interest	\$1,460	\$900
Expenses		
Grant to University of Toronto Library Fund	900	1,700
Excess of revenue over expense (expense over revenue)	<u>\$560</u>	<u>\$(800)</u>

Balance Sheet
As at December 31, 1995

	1995	1994
Assets		
Cash	\$6,093,320	\$6,313,496
Investments (Note 4)	29,003,647	25,250,311
Accounts receivable	379,485	530,134
Prepaid expenses	28,446	5,968
Property (Note 5)	4,690,740	4,690,740
Mortgage and note receivable	-	1,850,000
	<u>\$40,195,638</u>	<u>\$38,640,649</u>
Liabilities		
Accounts payable	\$255,574	\$252,731
Deferred revenue	8,144,655	8,400,050
Reserve for claims	10,223,064	9,563,583
Pension plan obligation	328,467	150,020
Bank loans (Note 6)	-	2,503,670
	<u>\$18,951,760</u>	<u>\$20,870,054</u>

Balance of Funds

Building improvement reserve	500,000	-
Balance of funds	20,743,878	17,770,595
	<u>\$40,195,638</u>	<u>\$38,640,649</u>

RCDS Balance of Funds
As at December 31, 1995

	General Fund	Professional Liability Program Fund	Harry R. Abbott Memorial Library Fund	Total 1995	Total 1994
Balance of Fund, beginning of year as previously reported	\$2,236,842	\$16,061,519	\$900	\$18,299,261	\$14,768,845
Change in accounting policy (Note 3)	(528,666)	-	-	(528,666)	(463,449)
As restated	1,708,176	16,061,519	900	17,770,595	14,305,396
Excess of revenue over expenses	915,889	2,556,834	560	3,473,283	4,135,011
Appropriation to building improvement reserve	(500,000)	-	-	(500,000)	-
Distribution to the College of Dental Hygienists	-	-	-	-	(669,812)
Balance of Fund, end of year	<u>\$2,124,065</u>	<u>\$18,618,353</u>	<u>\$1,460</u>	<u>\$20,743,878</u>	<u>\$17,770,595</u>

Notes to Financial Statements

Founded in 1868, the Royal College of Dental Surgeons of Ontario (the "College") was continued under the Dentistry Act, 1991 and Regulated Health Professions Act of Ontario, 1991 as a not-for-profit corporation without share capital.

I. GENERAL

As a not-for-profit corporation, the College is exempt from income taxes under the Income Tax Act of Canada. The purpose of the College is to regulate the practice of dentistry and govern its members in the Province of Ontario. In addition to the General Fund, special Funds have been established by the College for the following purposes:

Professional Liability Program Fund and Reserve for Claims

This Fund was established by the College to provide a first level of defence and management of professional liability claims against dentists. In 1995, dentists were covered for a maximum liability of \$2,000,000 for each validated claim. The College is liable for the first \$50,000 (1994 - \$50,000) of a validated claim subject to a 1995 maximum aggregate loss limit of \$2,350,000 (1994 - \$2,350,000), which amount is expensed on an annual basis, net of unutilized loss limits of previous years (1995 - \$308,664; 1994 - \$897,156). For a validated claim in excess of \$50,000 and for total claims in a year in excess of \$2,350,000 the College has obtained insurance having an upper limit of \$2,000,000 for each claim. The dentists are liable to the College for a deductible portion on each validated claim of \$1,000 on any one occurrence including defence costs, increasing at a rate of \$1,000 for each additional claim in a thirty-six month period. Deductibles are recorded when received. The College is additionally liable for all loss adjustment expenses, which are expensed as incurred, related to claims arising since January 1, 1977. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College. The reserve for claims represents the accumulated difference of the annual maximum loss limit and paid claims.

Harry R. Abbott Memorial Library Fund

The Library Fund was established in 1924 as a family memorial to the late Dr. Abbott, who was president of the College from 1903 to 1907. The funds are maintained with Canada

Trust and the interest on the funds is transferred through the College to the Faculty of Dentistry of the University of Toronto. The funds at Canada Trust are not reflected in the Library Fund.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with generally accepted accounting principles for not-for-profit organizations. Significant accounting policies are summarized as follows:

Fund accounting

These financial statements have been prepared in accordance with the fund basis of accounting for not-for-profit organizations. Statements of changes in financial position for each fund have not been prepared since they would not provide additional meaningful information.

Registration and annual fees

Members of the College pay a registration fee upon joining the College. Registration fees are included in income upon receipt.

Members are billed for annual fees each December. These fees relate to the following fiscal year and accordingly amounts received or receivable are shown as deferred revenue at year end.

Investments

Investments in fixed income securities are stated at amortized cost plus accrued interest. Gains and losses are recorded only upon realization except where there is a decline in value which is considered to be other than temporary, at which time a provision for estimated losses is made.

Property

Property comprising land, building and improvements is carried at cost, net of allowance for diminution in value. No allowance is taken for amortization of building and improvements costs. All capital assets, other than property, are expensed as acquired.

Building improvement reserve

Contributions to the building improvement reserve from the General Fund are for required modernizations and improvements to the structure of the property.

Pension costs

Pension costs related to current service are charged to income for the period during which the services are rendered. These costs reflect management's best estimates of the pension plan's expected investment yields, salary, mortality of members, terminations and the ages at which members will retire. Adjustments arising from plan amendments, experience gains and losses and changes in assumptions are being amortized over the expected average remaining service lives of employees. Gains and losses on settlement or partial settlement of the plan are included in income immediately.

The cumulative difference between the funding contributions and the amounts recorded as a pension expense is recorded on the balance sheet as prepaid pension plan costs or pension plan obligation.

3. CHANGE IN ACCOUNTING POLICY

In 1995, the College changed its accounting policy so that renovation expenses for the Property would be charged against excess revenue over expenses. Accordingly, the College has retroactively reflected this change by recognizing such expenditures as renovation expenses.

As a result of this change, the excess of revenue over expenses in the General Fund has decreased by approximately \$282,000 in 1995 (1994 - \$65,000). The Balance of Funds in the General Fund and the Property balance have decreased by approximately \$529,000 representing the cumulative amount of the reduction of excess revenue over expenses from 1992 to 1994 after giving retroactive affect to the change in accounting policy.

4. INVESTMENTS

The value of investments includes accrued interest of \$5,628,390 (1994 - \$3,662,883). At December 31, 1995, the College holds these investments at Royal Trust. The Professional Liability Program investments of \$27,024,016 (1994 - \$24,276,689) are restricted for the purposes described in Note 1.

Investments

1995

	Carrying value	Market
Bonds and coupons		
Government of Canada	\$14,610,859	\$14,160,529
Provinces of Canada	13,847,013	13,446,581
Corporate	545,775	563,750
	<u>29,003,647</u>	<u>28,170,860</u>
Treasury bills	-	-
	<u>\$29,003,647</u>	<u>\$28,170,860</u>

Investments

1994

	Carrying value	Market
Bonds and coupons		
Government of Canada	\$13,007,656	\$11,641,013
Provinces of Canada	11,697,276	9,940,666
Corporate	-	-
	<u>24,704,932</u>	<u>21,581,679</u>
Treasury bills	545,379	545,379
	<u>\$25,250,311</u>	<u>\$22,127,058</u>

5. PROPERTY

	1995	1994
6 Crescent Road	<u>\$4,690,740</u>	<u>\$4,690,740</u>

In 1995, the College expensed the purchase of other capital assets of \$366,431 (1994 - \$201,721).

6. BANK LOANS

Bank loans are secured through a General Security Agreement and Pledge and Trading Custodial Agreements covering the General Fund investments and a portion of the Professional Liability Program Fund investments (see Note 4).

The credit facility from the Royal Bank of Canada is a \$1,500,000 operating line of credit payable on demand with interest at Royal Bank prime rate. At December 31, 1995, there was no outstanding balance on this facility.

7. INTERFUND BALANCES

The General Fund has a demand loan of \$2,000,000 (1994 - \$2,000,000) payable to the Professional Liability Program Fund. The demand loan bears interest at the prevailing Canada treasury bill rate, adjusted semi-annually.

All other interfund balances arise in the normal course of the College's business.

8. ADMINISTRATION CHARGE

The College pays for all general operating expenses through the General Fund. A portion of these expenses is charged to the Professional Liability Program ("PLP") Fund through an administration charge as follows:

	1995	1994
Salary and salary charges	\$453,409	\$429,307
Rent and maintenance costs	52,750	52,752
Administrative	50,341	54,872
Equipment - purchase, rental and maintenance	36,085	29,633
Printing, stationery and supplies	15,039	17,045
Committee fees	12,755	9,610
Postage and courier	9,890	5,610
Legal fees and consulting	7,088	6,527
Telephone	6,397	8,431
Staff travel	1,596	5,938
Total PLP Fund administration expense	\$645,350	\$619,725

9. PROPERTY MAINTENANCE AND OPERATING COSTS

Property maintenance and operating costs for 6 Crescent Road are net of operating cost recoveries from each of tenants and co-owners in the amounts of \$67,049 (1994 - \$66,013) and \$41,486 (1994 - \$41,486), respectively.

10. PENSION PLAN

The College maintains a combined defined benefit and money purchase pension plan which covers substantially all of its employees. Pension fund assets at market value were

\$1,499,118 at December 31, 1995 (1994 - \$1,422,054). The present value of accrued pension benefits attributable to services rendered to December 31, 1995 was \$1,669,451 (1994 - \$1,477,564). Pension expense for the year ended December 31, 1995 was \$188,691 (1994 - \$134,986).

In determining the actuarial present value of accrued pension benefits and pension costs, the College used a discount rate and expected rate of return on plan assets of 8% and a salary escalation rate of 5%. The estimated average remaining service life of the employee groups covered by the plan is 17 years.

11. COMMITMENTS

The College has operating leases on office equipment and vehicles requiring minimum annual lease payments as follows:

Year ending December 31:	
1996	\$86,977
1997	66,366
1998	42,836
1999	34,340
2000	27,797
	<u>\$258,316</u>

12. LEGAL ACTIONS

In the ordinary course of business, the College is a defendant in various legal actions, the outcomes of which are not determinable. Settlements, if any, are accounted for in the period incurred, to the extent that the amounts are not recoverable from insurers.

13. COMPARATIVE FIGURES

Certain of the 1994 comparative figures have been reclassified to conform with the current year's presentation. The financial statement items affected are accounts receivable, deferred revenue and interest income.

Statistics of Interest

Statistics (as of December 31, 1995)

Additions to the Register

University of Toronto Graduates	59
University of Western Ontario Graduates	33
Other Canadian Graduates (N.D.E.B.)	53
U.S.A. / Foreign Graduates (N.D.E.B.)	18/75
Academic Certificates	2
Instructional Certificates	2

Removals and Reinstatements

Deceased *	7
Resigned	144
Reinstated	21

* deceased while currently registered

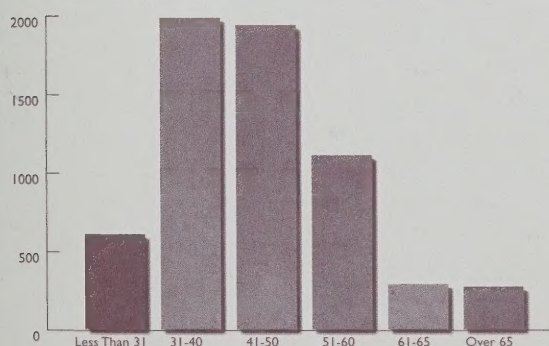
Membership Certificates by Category

General Certificate	5,601
Specialty Certificate	22
Combined General/Specialty Certificate	835
Academic Certificate	2
Education Certificate	13
Graduate Student Certificate	25
Instructional Certificate	2

Total Number of Membership Certificates 6,500**

** includes Out-of-Province members

AGE RANGE OF DENTISTS IN ONTARIO



RDCS DATA - MARCH 1996

PRESIDENTS AND REGISTRARS

Presidents

*B.W. Day	Apr. 1868	Jun. 1870
*H.T. Wood	Jun. 1870	Jul. 1874
*C.S. Chittenden	Jul. 1874	May 1889
*H.T. Wood	May 1889	Mar. 1893
*R.J. Husband	Mar. 1893	Apr. 1899
*G.E. Hanna	Apr. 1899	Apr. 1901
*A.M. Clark	Apr. 1901	Apr. 1903
*H.R. Abbott	Apr. 1903	Apr. 1907
Holmes	May 1935	May 1937
*E.C. Veitch	May 1937	May 1939
*L.D. Hogan	May 1939	May 1941
*F.A. Blatchford	May 1941	May 1943
*G.H. Campbell	May 1943	May 1945
*S.W. Bradley	May 1945	May 1947
*H.W. Reid	May 1947	May 1949
*S.J. Phillips	May 1949	May 1951
*R.O. Winn	May 1951	May 1953
*C.M. Purcell	May 1953	May 1955
*R.J. Godfrey	May 1955	May 1957
*M.C. Bebee	May 1957	May 1959
*M.V. Keenan	May 1959	May 1961
*A.H. Leckie	May 1961	Apr. 1963
W.G. Bruce	Apr. 1963	Apr. 1965
*J.P. Coupland	Apr. 1965	Feb. 1967
J.D. Purves	Feb. 1967	Jan. 1969
H.M. Jolley	Jan. 1969	Jan. 1971
N.L. Diefenbacher	Jan. 1971	Jan. 1973
P.P. Zakarow	Jan. 1973	Jan. 1975
R.P. McCutcheon	Jan. 1975	Jan. 1977
E.G. Sonley	Jan. 1977	Jan. 1979
A.J. Calzonetti	Jan. 1979	Jan. 1981
C.A. Doughty	Jan. 1981	Jan. 1983
R.L. Filion	Jan. 1983	Jan. 1985
G.E. Pitkin	Jan. 1985	Jan. 1987
G. Nikiforuk	Jan. 1987	Jan. 1989
W.J. Dunn	Jan. 1989	Jan. 1991
R.M. Beyers	Jan. 1991	Mar. 1994
G. P. Citrome	Mar. 1994 -	

Registrars

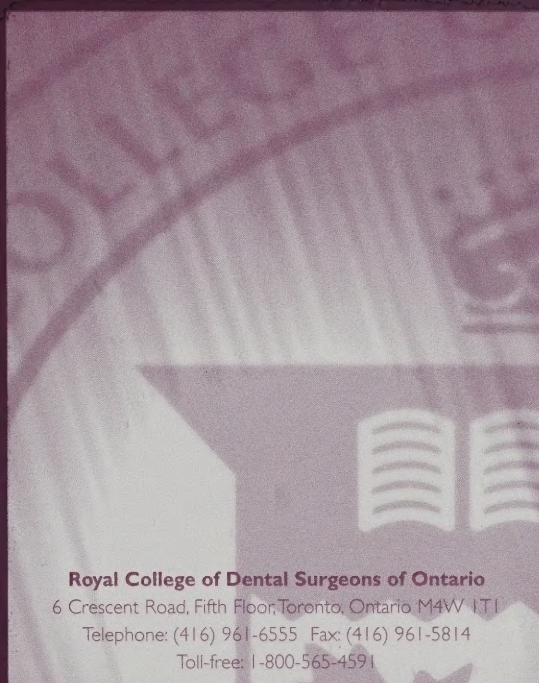
*J. O'Donnell	Apr. 1868	July 1870
*J.B. Willmott	July 1870	June 1915
*W.E. Willmott	July 1915	May 1940
*D.W. Gullett	May 1940	July 1956
W.J. Dunn	July 1956	Feb. 1965
K.F. Pownall	Feb. 1965	July 1990
R.L. Ellis	July 1990	

*Deceased

Distribution of Dentists in Ontario by Age Range, County and Electoral District

COUNTY	Less than 31	31 - 40	41 - 50	51 - 60	61 - 65	Over 65	TOTAL
District #1							
Dundas	0	4	0	1	0	1	6
Frontenac	6	20	22	13	2	2	65
Glengarry	0	0	1	1	0	0	2
Lanark	0	5	6	4	0	2	17
Leeds	5	10	7	9	1	2	34
Lennox-Addington	1	4	0	2	1	0	8
Ottawa-Carlton	48	143	147	81	22	29	470
Prescott	1	3	3	1	1	0	9
Renfrew	4	9	17	2	2	3	37
Russell	5	2	5	0	0	0	12
Stormont	2	4	11	4	1	2	24
District Total	72	204	219	118	30	41	684
District #2							
Durham	26	91	74	23	6	4	224
Haliburton	0	0	1	2	0	0	3
Hastings	11	12	20	12	3	1	59
Northumberland	3	7	9	4	1	0	24
Peterborough	2	13	17	15	2	2	51
Prince Edward	1	3	4	0	0	0	8
Victoria	2	2	2	9	0	0	15
York	29	153	92	25	8	1	308
District Total	74	281	219	90	20	8	692
District #3							
Algoma	5	17	20	11	1	3	57
Cochrane	4	9	13	3	3	0	32
Kenora	4	10	8	5	1	0	28
Manitoulin	0	3	3	1	0	0	7
Nipissing	5	12	12	8	5	4	46
Rainy River	4	5	3	0	0	0	12
Sudbury	10	20	27	12	10	3	82
Thunder Bay	6	27	31	17	3	3	87
Timiskiming	4	6	4	3	0	1	18
District Total	42	109	121	60	23	14	369
District #4							
Halton	14	69	50	47	8	3	191
Peel	49	180	141	58	11	5	444
District Total	63	249	191	105	19	8	635
District #5							
Bruce	1	3	10	4	0	0	18
Dufferin	3	3	5	5	0	1	17
Grey	2	7	10	9	3	2	33
Huron	0	9	6	2	1	0	18
Muskoka	1	10	6	3	3	0	23
Parry Sound	1	1	7	1	0	1	11
Simcoe	13	44	51	2	4	5	143
District Total	21	77	95	50	11	9	263
District #6							
Elgin	2	7	11	2	2	1	25
Essex	23	60	64	23	7	11	188
Kent	5	7	17	11	1	2	43
Lambton	3	12	25	5	4	1	50
Middlesex	24	83	86	49	12	19	273
District Total	57	169	203	90	26	34	579
District #7							
Brant	2	14	18	11	3	2	50
Haldimand-Norfolk	1	5	10	8	3	3	30
Oxford	2	6	13	9	1	2	33
Perth	2	3	9	7	2	0	23
Waterloo	16	62	66	40	5	4	193
Wellington	8	20	25	20	3	0	76
District Total	31	110	141	95	17	11	405
District #8							
Hamilton-Wentworth	18	73	73	55	17	12	248
Niagara	13	46	74	37	15	13	198
District Total	31	119	147	92	32	25	446
District #9							
Metro Toronto (North)	30	135	134	111	32	43	485
District Total	30	135	134	111	32	43	485
District #10							
Metro Toronto (West)	46	151	146	104	27	27	501
District Total	46	151	146	104	27	27	501
District #11							
Metro Toronto (Central)	57	143	143	79	22	33	477
District Total	57	143	143	79	22	33	477
District #12							
Metro Toronto (East)	84	238	178	116	31	18	665
District Total	84	238	178	116	31	18	665
PROVINCIAL TOTALS	608	1985	1937	1110	290	271	6201

RCDS Data - March 1996



Royal College of Dental Surgeons of Ontario

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